EXPRESS MAIL LABEL NO.

PTO/SB/01 (6-95) Approved for use through 9/30/98. OMB 0651-0032 Please type a plus sign (+) inside this box Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE U.S. Department of Commerce Patent and Trademark Office 960296.97401 0010/PTO Attorney Docket Number First Named Inventor Peggy J. Farnham **DECLARATION FOR** COMPLETE IF KNOWN 10/017,410 **UTILITY OR DESIGN** Application Number PATENT APPLICATION 12/14/2001 Filing Date Group Art Unit Declaration OR Declaration Submitted after Submitted with Initial Filing **Examiner Name** Initial Filing As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: LIVER TUMOR MARKER SEQUENCES (Title of the Invention) the specification of which is attached hereto 12/14/2001 as United States Application Number or PCT International was filed on (MM/DD/YYYY) (if applicable). 10/017,410 and was amended on (MM/DD/YYYY) Application Number I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I hereby claim foreign priority benefits under Title 35, United States Code \$119(a)-(d) or \$365(b) of any foreign application(s) for patent or inventor's certificate or \$365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop YES	y Attached? NO
Additional foreign applications	numbers are listed on a s	supplemental priority sheet atta	ched hereto:		

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Filing Date (MM/DD/YYYY) 12/14/2000 Application Number(s) 60/255.674

Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231. QBMAD\320845

DECLARATION

Page 2

I hereby claim benefit under Title 35, United States Code §120 of any United States application(s), or §365(C) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT international application in the manner provided in the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filling date of the prior application and the national or PCT international filling date of this application.									
U.S. Parent Application Number PCT Parent (MM/DD/YYYY) Parent Patent Number (if applicable)									
Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached h	ereto								
As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:									
Firm Name Customer or label Number									
OR X List attorney(s) and/or agent(s) name and registration number below									
	Registration Number								
loan C. Baker 35.433 David M. Kettner 45,5	37,094 45,598 47,897								
Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto									
Please direct all correspondence to Customer Number or label OR X Fill in correspondence address below									
Name Bennett J. Berson									
Address Quarles & Brady LLP									
Address P O Box 2113									
City Madison State WI Zip 53701-2	2113								
Country USA Telephone (608)251-5000 Fax (608)251-9166									
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.									
Name of Sole or First Inventor: A petition has been filed for this unsigned inventor.	entor								
Given Peggy Middle J. Family Farnham Suffix									
	2/14/02								
Residence: Madison State WI Country US Citizenship US									
Post Office 2613 Kendall Avenue									
Post Office									
City Madison State WI Zip 53705 Country US Applican Authorit	t y								
X X Additional inventors are being named on supplemental sheet(s) attached hereto									

DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet							
Name of Additional Joint Inventor, if any:					Ī	A petition has been filed for this unsigned inventor						
Given	Ca	rrie		Middle	R.	Fami	ly	Graveel			Suffix	
Inventor'	's		7		<u></u>	R				Date	Z/ 1	+102
Residen	nce:	Madison State					w	/I Country US Citizenship US				
Post Off	ost Office 109 Dayton Row											
Post Off	fice											
City	Mad	Madison State WI Zip 53703 Country US Applicant Authority										
Name o	of Add	itional Joint Inventor, if	any:					A petiti	ion has been filed fo	or this u	ınsigned ir	nventor
Given	$T_{\underline{}}$			Middle Initial		Famil Name	jy B				Suffix	
Inventor'	s									Date		
Residenc	ce:					State		Country		Citi	zenship	
Post Off	fice											
Post Off	fice											
City			State		Zip			Country			Appli Autho	cant ority
Name o	of Addi	tional Joint Inventor, if a	any:				\Box	A peti invento	ition has been file	d for t		
Given				Middl	le	Fa	amily	,			Suffix	
Inventor's	s .									Date		
Residen	ıce:					State		Country		Citiz	enship	
Post Off	ice											
Post Off	ice								-			
City			State	;	Zip			Country			Applica Author	ant rity
Name o	of Addit	tional Joint Inventor, if a	any:					A peti	tion has been file r	d for t	his unsig	jned
Given			ı	Middle		Famil	у				Suffix	
Inventor's	s					•				Date		
Residen	ice					State		Country		Citi	zenship	
Post Off	fice											
Post Off	fice											
City			State		Zip			Country			Applic Autho	cant
	Δς	ditional inventors a	re be	eina n	ame	d on si	ınn	lemental «	sheet(s) attac	hed t	ereto	